
CHAPTER 3. MEDICAL MAINTENANCE

3-1. ARNG MEDICAL EQUIPMENT MAINTENANCE POLICY AND PROCEDURES (AR 40-61, AR 750-1)

a. Responsibilities

(1) Medical equipment maintenance is a command responsibility. Unit commanders will provide the necessary resources (personnel, facilities, and time) to provide for an effective medical equipment maintenance program.

(2) Assigned medical equipment repairers (MOS 68A), to the maximum extent possible, will perform Field level medical maintenance services on assigned medical equipment.

(3) State Surface Maintenance Managers are responsible to coordinate Sustainment Level Medical Maintenance support within their respective State.

(4) All items of medical equipment shall be tested and documented prior to initial use and at least annually thereafter.

b. Maintenance procedures

(1) Establishment of a functional medical equipment maintenance program requires command emphasis to ensure the following processes are achieved:

- (a) Medical equipment maintenance resources are identified.
- (b) Assigned medical equipment repairers are trained and available.
- (c) Medical equipment requiring maintenance services are identified.
- (d) Adequate space and time are allocated.
- (e) Appropriate TMs and/or manufacturer literature are on hand.
- (f) Required equipment maintenance records are maintained.
- (g) Periodic maintenance services are scheduled and performed.
- (h) Repair parts procedures are implemented.
- (i) USR feeder information and DA Form 2406 reporting requirements are properly documented.

(2) Monitor the program for continuous process improvement.

(3) See SB 8-75-S6, appendix E for a sample Medical maintenance SOP.

3-2. IDENTIFICATION OF MEDICAL EQUIPMENT MAINTENANCE RESOURCES

a. Assigned medical equipment repairers (MOS 68A), to the maximum extent possible, will provide field (unit) level medical equipment maintenance.

b. The USAMMA managed **AMEDD Maintenance Sustainment Program (AMSP)**. The AMSP is a centrally funded program for sustainment (DS/GS) and depot level maintenance of MTOE medical equipment.

(1) The AMSP includes labor, parts, and TDY costs for ARNG MTOE units.

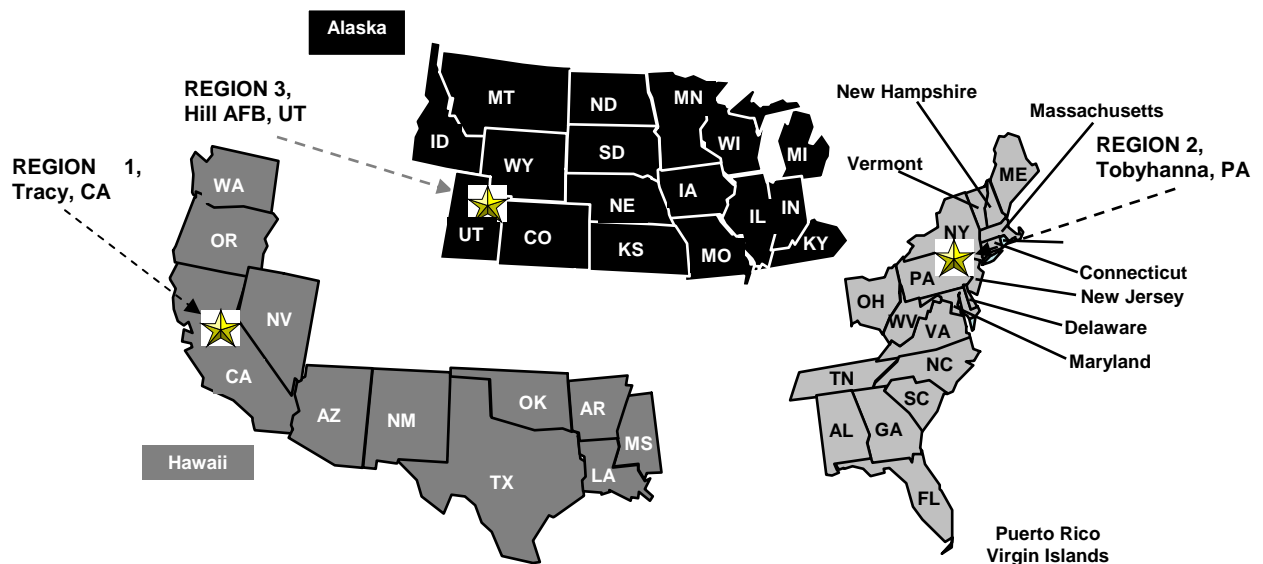
(2) USAMMA Medical Maintenance Operations Divisions (MMOD) are strategically located at Tracy (CA), Hill AFB (UT), and Tobyhanna (PA). For medical equipment maintenance support contact the appropriate MMOD Regional Site listed below, see Table 3-1 for the supported states:

(a) MMOD-Tracy, CA, DSN 462-4556/commercial 209-839-4556.

(b) MMOD-Tobyhanna, PA, DSN 795-7744/commercial 570-895-7744.

(c) MMOD-Hill AFB, UT, DSN 586-4947/commercial 801-586-4947.

TABLE 3-1. USAMMA MMOD REGIONAL SITES



(3) See Appendix B of this bulletin for a more detailed description of the USAMMA managed AMEDD Maintenance Sustainment Program.

c. The MEDDAC/MEDCEN (IMSA) with geographic support responsibility (see paragraph 1-2 this bulletin) is also charged to provide maintenance support as requested (availability dependant) on a reimbursable basis. All costs associated with labor, parts, and TDY expenses are reimbursable.

3-3. PROVIDE FOR QUALIFIED, TRAINED MEDICAL EQUIPMENT REPAIRERS

a. Medical equipment poses a potential risk to patients and will only be serviced by school trained medical equipment repairers (MOS 68A or civilian equivalent).

(1) Medical equipment comes in direct contact with patients that may be more susceptible to electrical shock. The equipment must meet or exceed the electrical safety standards IAW *AR 40-61*.

(2) Patient diagnosis and treatment is dependant on properly serviced and calibrated medical equipment. Improper diagnosis or improper treatment is often detrimental to patient health.

b. Medical equipment repairers receive their training at the DOD BMET Training Course, Sheppard Air Force Base, TX.

(1) Medical equipment repairer skills are perishable skill and must be periodically sustained.

(2) It is critical that the unit repairers are engaged in an ongoing maintenance and training program.

3-4. IDENTIFICATION OF MEDICAL EQUIPMENT REQUIRING PERIODIC MAINTENANCE AND AN EQUIPMENT MAINTENANCE LOG

a. Table 3-2 is an approximate list of ARNG MTOE medical equipment requiring periodic maintenance. An additional source that should be reviewed to identify maintenance-significant items in medical equipment sets is the materiel-fielding plan (MFP) for the set.

b. The materiel fielding plan identifies the equipment items were issues during the fielding. The items and densities on hand at the unit may be different than current published unit assemblage (UA) listings. Additionally, unique mission requirements also determine specific equipment items and densities. Medical equipment items on hand but not listed which are generally the same as a listed item also require a maintenance log.

c. Maintenance records specified in *TB 38-750-2 (Maintenance Management Procedures for Medical Equipment, with Changes 1-3)* must be maintained.

d. The requirement for a maintenance function at a specific periodic interval does not preclude the function from being performed more frequently. During prolonged exercises or missions involving patient treatment, scheduled testing of electrically operated medical equipment designated for use in critical care areas will be semi-annually. All items listed require periodic preventive maintenance checks and services (PMCS). Calibration/verification/certification (CVC) and electrical safety (ES) are required as identified in the listing.

e. The alphabetical code "A" designates a frequency of annual at which the service is required. Lack of qualified personnel and or TMDE in may require performance of CVC services by higher-level maintenance activities.

f. Items with a second alphabetical character in the CVC column designates the lowest applicable maintenance level which that service should be performed. If no second letter is present the lowest level at which these services can be performed is field (organizational).

O = Organizational (Field) F or H = Intermediate D = Depot

TABLE 3-2. MEDICAL EQUIPMENT REQUIRING AN
EQUIPMENT MAINTENANCE LOG (ARMY NATIONAL GUARD)

NSN	PMCS	CVC	ES	NOMENCLATURE
4110001138334	A	---	A	FRIG SOLID STATE BIO
6130010701500	A	---	A	POWER SUP 115V60HZ AC
6515004770770	A	A	A	DEFIB MON/RCDR
6515005507199	A	---	---	OTOSCOPE&OPHTH SCOPE
6515010617811	A	---	---	RESUSCITATOR-INHALATI
6515012848704	A	---	A	SUCTION APPAR TRACH
6515013333165	A	---	---	OTOSCOPE & OPHTH SET
6515013386602	A	---	---	RESUSCITATOR HAND OPR
6515013469186	A	---	A	TRACTION APPARATUS
6515013814456	A	A	A	PUMP I.V. INFUSION
6515014660971	A	A	---	OXIMETER PULSE FINGER
6520000000158	A	---	A	OPERATING TRMT UNIT
6520001490123	A	---	A	AMALGAMATOR ELEC 115V
6520011256618	A	---	---	TESTER PULP DEN BAT
6520011365840	A	---	---	STOOL DEN OP CHR PORT
6520012048688	A	---	A	SONIC PROPHYLAXIS UN
6520012965760	A	---	A	CURING SYSTEM DENTAL
6520014263683	A	---	A	OPERATING & TREATMENT
6520014463783	A	---	---	CHAIR DENTAL OPERATING
6520014464170	A	---	A	LIGHT DEN OPER FIELD
6525004559947	A	---	A	VIEWER DEN RAD 115 V
6525010992320	A	A	A	X-RAY: APPARATUS DEN
6525011669033	A	---	A	SCREEN XRAY MBLE PROT
6525013253740	A	A	A	X-RAY APP LOW CAP FLD
6525013456089	A	---	A	PROCESSING MACHINE
6530007098175	A	---	---	TABLE OPER RM FIELD
6530007826503	A		A	SINK UNIT SURG SCRUB
6530009372204	A	A/D	A	LIGHT SLIT OPHTH ADJ
6530011885294	A	---	A	STERILIZER SURG
6540001165780	A	---	A	EDGING MACH OPHTH

(continued) TABLE 3-2. MEDICAL EQUIPMENT REQUIRING
AN EQUIPMENT MAINTENANCE LOG (ARMY NATIONAL GUARD)

NSN	PMCS	CVC	ES	NOMENCLATURE
6540002998688	A	---	---	OPHTHALMOSCOPE RETINO
6540003247475	A	---	A	DEPTH PERCEPT APP OPH
6540003826100	A	---		TONOMETER OPTH SCHIO
6540004435864	A	---	A	PROJEC VISUL115VAC-DC
6540008776464	A	---	---	PHOROPTER MINUS CYLIN
6540011458775	A	---	---	CHAIR OPTOM PORT METL
6540011628234	A	---	A	ARM PHOROPTER REFRACT
6630014112568	A	A	A	ANALYZER CLINICAL
6630014222098	A	---	A	PRINTER ANALYZER PORT
6630014729862	A	A	A	ANALYZER BLOOD GAS
6640002736965	A	A	A	CENTRIFUGE LABORATORY
6640004188010	A	---	---	COUNTER BLOOD CELLS
6640011721132	A	---	A	ROTATOR LAB VAR SPEED
6640011767613	A	---	A	SHAKING MACH LAB AC
6640012052422	A	---	---	CENTRIFUGE LAB BAT 9V
6650009333218	A	---	---	REFRACTOMETER HAND
6650009736945	A	A/D	A	MICROSCOPE OPTICAL
6650010223602	A	A/D	A	LIGHT MICROSCOPE
6650012070829	A	A/D	A	MICROSCOPE OPT BINOC
6650012593008	A	A/D	A	MICROSCOPE OPTICAL
7105007100210	A	---	---	TABLE FLDG LEG LAB
Note: The following list indicates SRC ID and unit type where the medical equipment listed above may be located.				
ARNG Units are under COMPO 2				
SRC ID	Unit Type/Designation			
08446L000	HHD, Medical Evacuation Battalion			
08447L100	Air Ambulance Company (UH-1A)			
08447L200	Air Ambulance Company (UH-1A) UH-60)			
08456A000	HHD, Area Support Medical Battalion			
08457A000	Area Support Medical Company			
08753A000	Area Support Medical Detachment			

**3-5. PROVIDING ADEQUATE FACILITIES SPACE AND TIME FOR
ADMINISTRATIVE AND MEDICAL MAINTENANCE FUNCTIONS**

Consideration should be given to:

- a. Adequate lighting.
- b. Administrative space.
- c. Maintenance/work area and storage space.
- d. A secure area for Test, Measurement, and Diagnostic Equipment (TMDE),
i.e., a separate secure room or lockable cabinet(s).
- e. Training schedule regulation to allow for maintenance functions.

3-6. REQUIRED TECHNICAL MANUALS AND MANUFACTURERS' LITERATURE

a. When technical manuals (TMs) are not available, manufacturers' literature will be used to determine maintenance intervals and requirements.

b. Table 3-3 lists available TMs for medical equipment. These publications, as well as manufactures' literature on CDs, are available from the USAMMA's website at <http://www.usamma.army.mil/>.

TABLE 3-3. MEDICAL EQUIPMENT TECHNICAL PUBLICATIONS

PUBLICATION	TITLE	IDN/ BLOCK NO	DATE
TM 8-4110-001-24&P	Refrigerator, Mechanical Blood Bank	4000	Sep 90
TM 8-4110-002-14&P	Refrigerator, Solid State, Biological, Mdl DLA 50T	344636	Jan 98
TM 8-6500-001-10-PMCS	Operator's PMCS for Reportable Medical Equipment	1757	Dec 89
TM 8-6515-001-24&P	Anesthesia Apparatus	3938	Sep 90
TM 8-6515-003-24&P	Electrosurgical Apparatus, Mdl Force 2	4496	Sep 93
TM 8-6515-004-24&P	Suction Apparatus, Oropharyngeal, Mdl 308M	4501	Oct 93
TM 8-6515-005-24&P	Bronchoscope, Flexible, Fiber Optic, Mdls F3 and F3G	4513	Mar 94
TM 8-6515-006-24&P	Light, Endoscopic Instrument, Mdl 52-1201	4516	Jun 94
TM 8-6515-007-24&P	Light, Endoscopic Instrument, Mdl DLMP-300	4520	Jul 94
TM 8-6515-008-24&P	Suction Apparatus, Surgical, Mdl 6003	4552	Sep 94
TM 8-6515-009-24&P	Drainage Unit, Pleural Cavity, Mdl 6053	4564	Nov 94
TM 8-6515-010-14&P	Arthroscopic Surgical Unit	344695	Oct 99
TM 8-6515-012-14&P	Thermometer, Clinical, Human, Electrical, Mdl 600	344694	Jan 99
TM 8-6515-013-14&P	Suction Apparatus, Mdl 306M	344701	May 00
TM 8-6520-001-24&P	Light, Dental, Mdl LFII	4405	Jun 91
TM 8-6520-002-24&P	Dental Operating Unit, Mdl 3406 Porta-Cart	4407	Aug 91
TM 8-6520-003-24&P	Compressor Dehydrator, Dental, Mdl M5B	4389	Dec 91
TM 8-6520-004-14&P	Dental Operating Chair & Stool Unit, Mdl CM- 185	344644	Apr 98
TM 8-6530-004-24&P	Sterilizer	4010	Oct 90
TM 8-6530-005-24&P	Cleaner, Ultrasonic Mobile	4260	Feb 91
TM 8-6530-007-24&P	Cabinet, Solution Warming, Mdl 550 (Change 1)	3554	Feb 92 Mar 92
TM 8-6530-008-24&P	Cabinet, Solution Warming, Mdl 5550	3484	Mar 92
TM 8-6530-009-24&P	Ventilator, Volume, Portable, Mdl 750 & 750M	4454	Aug 92
TM 8-6530-010-24&P	Light, Surgical Field	4486	Apr 93
TM 8-6530-011-14&P	Table, Operating, Field	344648	Feb 98
TM 8-6540-002-14&P	Light, Slit, Ophthalmic, Mdl SL-6E	344663	Aug 98
TM 8-6545-001-24&P	Sink, Surgical Scrub, Field	4425	Sep 91
TM 8-6640-001-24&P	Centrifuge, Laboratory, Mdl SEROFUGE II	4580	Jun 95
TB MED 7	Maintenance Expenditure Limits for Medical Equipment (Change 1)	3397	Jun 92 Oct 93
TB MED 750-1	Operating Guide for Medical Equipment Maintenance	344615	Apr 98

3-7. ESTABLISHMENT OF REQUIRED MEDICAL EQUIPMENT MAINTENANCE RECORDS

a. Commanders of medical units/activities should provide the resources and command emphasis necessary to ensure that unit personnel are properly trained and are performing the maintenance management procedures as outlined in *TB 38-750-2*. These forms and records, when properly maintained, give the commander a picture of the condition, use, and operational needs of the medical equipment within the command. They also provide an audit trail for parts and labor costs and feeder information for USR Reporting as per AR 220-1 (Unit Status Reporting) and *AR 700-138, Army Logistics Readiness and Sustainability*.

b. Medical equipment repairers in MTOE units should be managing their medical equipment maintenance program using Army STAMIS (ULLS-G, SAMS-E).

c. Calibration records for audiometers generated by the microprocessor-controlled calibration equipment must be maintained as permanent records in accordance with *TB MED 501*.

3-8. SCHEDULE PERIODIC MEDICAL EQUIPMENT MAINTENANCE

a. All maintenance significant medical equipment will be listed on the maintenance schedule (ULLS-G or DD Form 314; *TB 38-750-2*, para 2-2).

b. Scheduling considerations:

(1) When maintenance is to be performed by a supporting organization, schedule services for all units and all equipment during the same period to the maximum extent possible.

(a) State Surface Maintenance Managers are responsible to coordinate a designated/centralized location(s) and for coordinating availability of each unit's maintenance significant medical equipment within their respective State. Be sure to include the MEPS plans when scheduling.

(b) State Surface Maintenance Managers will coordinate with their supporting regional manager (USAMMA) to identify equipment densities to be serviced and to ensure appropriate facilities and adequate resources are available, i.e. covered building, power, lighting, bench space, etc.

(c) USAMMA has an ongoing scheduled maintenance services program, maintenance services are performed by state, for ARNG medical MTOE organizations. See Appendix B in this bulletin for additional information.

(3) Maintenance intervals/schedules as established in Table 3-2, this chapter, are considered a minimum and must be adhered to.

(4) Units that have a medical maintenance capability should schedule maintenance requirements by section and distribute the workload over a 12-month period, taking into account the individual section's mission requirements and the requirement to include maintenance on the unit training schedule. It is further

recommended that maintenance scheduling coordination take place during the unit's annual training planning workshop.

(5) During prolonged exercises or missions involving patient treatment, scheduled testing of electrically operated medical equipment designated for use in critical-care areas will be performed semi-annually.

3-9. REPAIR PARTS PROCEDURES

a. Repair parts for medical equipment encompass those components, supplies, and other materials necessary to facilitate field (unit) and higher-level maintenance support of medical equipment. Medical equipment repair parts, though normally Class VIII or Class IX items, can include other supply classes where such parts or materials are required to perform maintenance services or equipment repairs to return an item to a fully mission capable status.

(1) Units not authorized organic medical equipment repairers are not authorized, and will not order or maintain medical equipment repair parts.

(2) Class VIII repair parts do not include accessories or consumable supplies i.e. pipettes, operator replaceable tubing or batteries, collection containers, and so forth which should be funded as part of the organizations' resupply program.

b. ARNG units authorized a medical equipment maintenance capability (MOS 68A or 670A) are authorized to request repair parts from several sources:

(1) Their organic unit supply channels.

(2) The supporting IMSA on a reimbursable basis.

(3) The USAMMA's centralized Class VIII repair parts program (centrally funded for ARNG MTOE units).

(a) Repair parts requested from USAMMA's centrally managed program are for maintenance services to maintain or return an item of equipment to a Fully Mission Capable (FMC) status. This program includes Class VIII repair parts only. Consumables and other supplies should be ordered through normal supply channels.

(b) USAMMA's centrally managed Class VIII repair parts program will not provide parts to stock or maintain PLL inventories.

(c) See Appendix C, this bulletin, for additional information concerning USAMMA's centrally managed class VIII repair parts program.

c. ARNG medical units authorized a medical equipment maintenance capability (MTOE authorized MOS 68A or 670A) are authorized to maintain a PLL.

(1) Repair parts management and documentation procedures for medical materiel are identified in *AR 40-61*, *AR 710-2*, *DA Pam 710-2-1*.

(2) Medical equipment PLL stocks and records will be located with the medical equipment repair section.

(3) Unit established PLL should be monitored by SMM.

3-10. UNIT STATUS REPORTABLE (USR) MEDICAL EQUIPMENT

a. All National Guard (ARNG) units operating equipment listed in *AR 700-138*, Appendix B, will submit their Materiel Condition Status Reports (MCSR) IAW the reporting instructions of *AR 700-138*.

b. Effective 1 October 1990, medical equipment deemed critical to the unit's mission is listed in *AR 700-138* and requires materiel condition status reporting. The equipment readiness goal for reportable items is 90 percent fully mission capable (FMC). The ultimate goal is to sustain a FMC status of 90 percent for all equipment.

c. Medical equipment maintenance personnel will provide feeder information to the unit commander or his/her authorized representative for preparation of the USR. The backside of DD Form 314 will be used for these computations (See *TB 38-750-2*, para 2-2). Maintenance records and forms for this equipment will be prepared and maintained IAW *AR 700-138* and *TB 38-750-2*.

d. ARNG [including Mobilization And Training Equipment Sites (MATES)] units will make a quarterly report on a DA Form 2406 covering a 3-month period ending 15 January, 15 April, 15 July, and 15 October. Assets at MATES, Unit Training Equipment Sites (UTES), or Equipment Concentration Sites (ECS) are not loaned equipment. The MATES keep the DD Form 314 for ARNG units, however only the owning ARNG unit will report this equipment.

3-11. MONITOR THE EFFECTIVENESS OF UNIT'S MAINTENANCE PROGRAM

a. The medical maintenance program should be periodically monitored using formal and informal maintenance inspections and visits. Commanders and leaders should assess the following procedures.

(1) Inspect maintenance records for completeness and notation of completion of required periodic maintenance.

(2) Check the availability of technical manuals or manufacturer's literature on medical equipment requiring periodic maintenance.

(3) Equipment availability based on operator maintenance and feedback.

b. Organizations without organic medical equipment repairers (MOS 68A) should evaluate the unit's operator maintenance and the turn around time for equipment evacuated for support maintenance.

c. See Appendix D, this bulletin, to assist in evaluating the unit equipment maintenance program.

3-12. SPECIAL CONSIDERATIONS

a. Particular emphasis should be given to the calibration and maintenance of x-ray systems. The potential for incorrect or excessive radiation dose from non-maintained or un-calibrated x-ray equipment is high. Maintenance services and radiation protection surveys will be performed as prescribed by manufacturers'

manuals and *TB MED 521*. Only medical equipment repairers or civilian equivalent will perform maintenance and calibration on ionizing radiation medical equipment. Performance requirements are outlined in 21 CFR, and the manufacturer's written specifications. Calibration of X-ray equipment shall be annually or IAW the manufacturer's instructions, whichever is more stringent. X-ray equipment that receives repair service and requires an exchange of parts or certified components that could affect the radiation output or overall calibration will be recalibrated prior to further use (see *AR 40-61*).

b. Safety. Many medical equipment items present a potential safety hazard to both the operator and patient. Problems most often arise when operators have insufficient training or experience in the proper use operation of equipment. Even experienced and skilled operators may endanger their own life and that of the patient if they become careless or fail to adhere to safe operating procedures and practices. Medical equipment should only be used and serviced by properly trained personnel. Particular emphasis should be placed on the safe handling, storage and shipment of compressed gas cylinders. Additional guidance can be found in *AR 700-68*.

c. The DA SB 8-75 series. This is a frequent source of biomedical equipment serviceability and maintenance information. All ARNG organizations with medical elements should receive and read these publications. Use IDN (Block No.) 340016. **The IDN for SB 8-75-S10 is NOT THE SAME. THAT IDN NUMBER IS 343499.**

d. Remedial maintenance (repair). Medical equipment repair will be performed only by a health services maintenance technician, military occupational specialty (MOS) (670A), a medical equipment repairer (MOS 91A/68A), or the civilian equivalent. The repair functions consists of a technical inspection (TI), verification inspection (VI), classification, testing, servicing, and all actions necessary to return an item to a fully mission-capable (FMC) status (*AR 40-61*). In the event that there are no medical maintenance qualified personnel within a unit or activity, it is recommended that the unit's calibration monitor, preferably a Medical Supply Specialist MOS 91J, be given the responsibility to oversee maintenance scheduling, record keeping and obtaining the necessary maintenance functions.

3-13. TEST, MEASUREMENT, AND DIAGNOSTIC EQUIPMENT (TMDE)

a. TMDE are those devices used to evaluate the operational condition of an end item/system or identify equipment faults. TMDE-Special Purpose (TMDE-SP) is exclusive/unique to support of and functionally restricted to a specific type/class of equipment (i.e., defibrillator analyzer). TMDE-General Purpose (TMDE-GP) may be used to service many items/systems (i.e., oscilloscope or multimeter).

b. References are:

- (1) *AR 40-61, Medical Logistics Policies and Procedures*
- (2) *AR 750-43, Army Test and Diagnostic Equipment Program*
- (3) *TB 43-180, Calibration and Repair Requirements for the Maintenance of Army Materiel* [Available only on CD-ROM]}
- (4) *TB 750-25, Maintenance Of Supplies And Equipment Army Test, Measurement, And Diagnostic Equipment (TMDE) Calibration And Repair Support (C&RS) Program* [Available only on CD-ROM]

c. The Unit Commander will designate a TMDE Coordinator IAW *AR 750-43*. The TMDE coordinator will administer the unit TMDE program and coordinate with the Calibration Section at the Combined Support Maintenance Shop (CSMS) to ensure TMDE is scheduled for calibration services and entered into the Instrument Master Records File (IMRF). Calibration responsibility and intervals are listed in *TB 43-180*.

(1) TMDE-GP will be serviced by the CSMS or Area Calibration Repair Center (ACRC) responsible for the user or owner's geographical area.

(2) TMDE-SP listed in *TB 43-180* with an "F" level indicated in the calibration responsibility column may be shipped to USAMMA's Medical Maintenance Operations Division Tracy for calibration services. The FREIGHT address is:

U.S. Army Medical Materiel Agency DODAAC: W62SEV
 Medical Maintenance Operations Division
 Building T-255, Tracy Site
 25600 Chrisman Road
 Defense Distribution Center
 Tracy CA 95304-9150

(3) The TMDE-SP items shipped to Tracy for calibration must include a DA Form 2407 (Maintenance Request) completed as specified in accordance with *TB 38-750-2*. (See *SB 8-75-S6*; Tracy External SOP)

d. Recent changes to Basis of Issue Plans (BOIPs) have yet to catch up requirements and authorization documents. The NGB has published a Memorandum of Authorization (MOA) providing temporary authorization of specific TMDE until such time as the updated requirements and authorizations documents are posted. See Appendix F, this publication, for a copy of the MOA.

e. Table 3-4 illustrates the types and quantities of **medically unique** TMDE-SP and cases ARNG Medical MTOE organization is (eventually) authorized.

TABLE 3-4. TMDE

Medical Company w/68A Authorization (FSB, MSB, BSB, ASMB)				
NSN	Material description	LIN	Quantity	UI
6625012078270	TEST SET ELECTRICAL		1	EA
6685012927873	THERMOMETER SELF-INDI		1	EA
6625012983830	SIMULATOR MED FUNCTIO	S56720	1	EA
6515014382409	TEST SET ELECTROSUR	T90883	1	SE
6625014489577	OSCILLOSCOPE DIGITAL	Z47763	1	EA
6515014491420	ANALYZER DEFIB & TRAN	A83433	1	EA
6515014491421	TESTER VENTILATOR PTB	Z28075	1	EA
6515014491423	ANALYZER NONINVAS BLD	Z07763	1	EA
6695014916615	CALIBRATOR-ANALYZR	C61523	1	EA
6525015020504	METER X-RAY CALIBRA		1	EA
6515015048537	PULSE OXIMETER,SIMU		1	EA
6515015352790	SIMULATOR SENSOR		1	EA
8145015357927	SHIPPING AND STORAG		2	EA
8145015358067	SHIPPING AND STORAG		2	EA
8145015358237	SHIPPING AND STORAG		1	EA
	COMPUTER		1	EA